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Atty. Dkt. No. 036481-0108

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael D. MACKLIN et al.
Title: MYCOBACTERIUM TUBERCULOSIS
IMMUNIZATION
Appl. No.: 09/501,328
Filing Date: 2/9/2000
Examiner: Rodney B. Swartz
Art Unit: 1645

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith in the above-identified application is:

- ☒ Amendment and Reply under 37 CFR § 1.111.
- ☒ Supplemental Information Disclosure Statement.
- ☒ Form PTO-1449 and 76 References.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	54	-	62	=	0	x	\$18.00	=	\$0.00
Independent Claims:	8	-	8	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
EXTENSION FEE TOTAL:		\$110.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$110.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$110.00

☒ A check in the amount of \$290.00 is enclosed (\$110.00 one-month extension of time fee and \$180.00 Information Disclosure Statement fee).

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 12, 2004

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Customer Number: 27476
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By Richard C. Peet

Richard C. Peet
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